

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10596346

FILING DATE

69-4

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0		0			
2		1	1			
3		1	1			
4		1	1			
5		1	1			
6		1	1			
7		1	1			
8		1	1			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	8		7			
TOTAL CLAIMS	9		8			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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